

SEIL Region

FY 2017 Annual Report

Geographic Area: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, and Washington

Approved by SEIL Governing Board: December 13,2017

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Introduction

SEIL Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SEIL Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

Throughout the third Fiscal Year of the SEIL region operations, much effort has been made to continue the development of business practices within the region, customize the region service delivery system to compliment the changes that have been experienced in the Medicaid service array, partner with the three Managed Care Organizations on care access and individual case funding, standardize the use of chart of account code usage across all regions, promote outcome data gathering and outcomes analysis protocols that accurately reflect the work of the region, and to broaden/develop a service system array that is readily accessible to the public at the local level (county) with observance of the concepts related to Trauma Informed Care and creativity in complex needs service delivery with region interested partners.

The SEIL Governing Board for FY17 was comprised of the following members:

Des Moines County Board of Supervisor	Tom Broeker
Henry County Board of Supervisor	Marc Lindeen
Jefferson County Board of Supervisor	Becky Schmitz/Dee Sandquist
Keokuk County Board of Supervisor	Michael Berg
Lee County Board of Supervisor	Rick Larkin
Louisa County Board of Supervisor	Randy Griffin/Chris Ball
Van Buren County Board of Supervisor	Mark Meek
Washington County Board of Supervisor	Jack Seward Jr.
Customer/Family Member Representative	Don Ross
Provider Representative	Kristen Helm

Services provided in Fiscal Year 2017:

The SEIL region has made effort to effect change in the efficiency and scope of MHDS service array and deliverables during fiscal year 2017. On a monthly basis, SEIL has reported on access standards of core services to the Department of Human Services. In summary, as it relates to region funded individuals- SEIL identifies the following accessibility efficiencies and barriers:

Outpatient Treatment- Assessment and Evaluation, mental health outpatient therapy, medication prescribing and management Access standards met for emergency, urgent, routine, and proximity. *note that licensing differs across this cross section of outpatient services and capacity to serve by mental health specific prescribers is not always available, however primary care physicians can assist in filling this void as they see fit.

Mental Health Inpatient Therapy- Emergency, Assessment Evaluation, Proximity are the criteria measured. Emergency inpatient within a 24 hour period is predicated on inpatient acceptance of patients and the symptomology which they present in relation to milieu of the existing unit. The difficult to serve is the population that lingers in Emergency Departments. As per SF504, regions will begin to gather this statistical information in FY18 as to the number of individuals that pass the 24 hour time period in an ED. Assessment and Evaluation is completed timely (within 4 weeks) in SEIL. Proximity of inpatient services is also available in SEIL, however capacity and capability to serve is a barrier to meeting proximity standards. Individuals with complex needs are frequently transferred to inpatient units that surpass the 100 mile threshold identified in code.

Assessment and Evaluation post Inpatient services- These services are offered timely (within 4 weeks) within the SEIL region for SEIL residents. There are select parts of the state that may not be able to meet that time schedule on behalf of SEIL residents that are transitioning to a new community outside of the SEIL region.

Personal Emergency Response system, crisis evaluation, and 24 hour access to crisis response- 24 hour crisis line was developed during FY17 in SEIL as per description in Code. Mobile Crisis/Crisis Intervention Team commenced development for the SEIL region in FY17 but was not available. Crisis evaluation is available in all counties of SEIL though at certain times these evaluations are performed by mental health professionals licensed accordingly with Iowa code to perform evaluations.

Support for Community Living- (home health aide, respite, home and vehicle modifications, supported community living) The first unit of service occurs within 4 weeks in SEIL for SEIL funded services. For clarification, this 4 week timeframe is predicated on the foundation of SEIL eligibility determination, assessment of service need by care coordination, and consumer determination of preferred care provider.

Support for Employment- (prevocational services, day habilitation, job development, and group supported employment) post eligibility and verification of need, Supported employment services are initiated with 60 days. Certain areas of the region have more opportunity for employment services than others due to willing business to participate in integrated employment opportunities for individuals with disabilities. In these areas, individuals are generally connected more expeditiously to employment options. The region continues to work with our provider network to facilitate increased opportunity for employment for those that desire to work that meet region eligibility.

Recovery Services- (family support and peer support) SEIL region is highly invested in peer support and family support. We believe these to be very valuable services in the breadth of service array. The SEIL Recovery Centers and Peer Drop In Centers have cost included in the contracts for peer and family support. We have actively asked for recruitment of individuals with lived experience and family members of those with lived experience to engage in the many opportunities to assist others. Our provider networks as well as NAMI are actively looking to expand the capacity of recovery services in our area. Though this access standard is met, it is our full intent to expand the capacity for access.

Service Coordination- (case management and health home) This access standard is met contingent on the fact that the person in need of service coordination is located in region. The SEIL region contracts with local service coordination agencies that also serve Medicaid eligible's and meet the standards as prescribed by Medicaid and state accreditation. Service coordination outside of the region that SEIL attempts to engage on behalf of a SEIL resident is not always within the timeframe required as identified in code. Those referrals are the only mechanism to also meeting the prescribed standard relating to proximity. Note: the internal processes of assessment and verification of level of care need is separate from this access standard for service coordination.

Additional core services that have been developed and/or enhanced within the SEIL network are as follows:

- Crisis Assessment Services localized to all region Emergency Departments
- Crisis Intervention Training
- Crisis Stabilization Residential Services
- Jail Diversion/Sequential Intercept Model Services
- Behavioral Health Assessment Team expansion
- Partial Hospitalization
- 24 Hour Crisis Line
- Behavioral Interventionist Services
- Drop In/Recovery Centers (WRAP/IMR/Peer Support Specialists)
- C3 De-escalation Training
- APSE Training
- 5 Star Quality Training and Social Determinant Data Measures
- Trauma Informed Care Training
- Mental Health First Aid for Public Safety Employees Trainer in Region
- Stepping Up Initiative
- Community Connections Supporting Reentry
- EDMS system utilization
- Permanent Supported Housing program protocol development

Individuals Served in Fiscal Year 2017:

Persons Served by Age Group and by Primary Diagnosis

- *This chart lists the number of individuals funded for each service by diagnosis.*

FY 2017 Actual GAAP	Southeast Iowa Link MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
73319	Other Priv./Public Hospitals - Inpatient per diem charges	1										1
42306	Psychotherapeutic Treatment - Medication Prescribing	1										1
42305	Psychotherapeutic Treatment - Outpatient	229	3	1								233
71319	State MHI Inpatient - Per diem charges	13										13
	Basic Crisis Response											
44305	24 Hour Crisis Response	1										1
44301	Crisis Evaluation	648	12	8		2						670

	Support for Community Living											
32328	Support Services - Home/Vehicle Modification	11		3								14
32329	Support Services - Supported Community Living	18	1	1		7						27
	Support For Employment											
50367	Day Habilitation	1		1		9						11
50369	Voc/Day - Group Supported Employment					3						3
50368	Voc/Day - Individual Supported Employment	7		1		9						17
50362	Voc/Day - Prevocational Services					1						1
	Recovery Services											
45366	Peer Family Support - Peer Support Services	18										18
	Service Coordination											
21375	Case Management - 100% County			1		3						4
24376	Health Homes Coordination - Coordination Services	17										17
	Core Evidence Based Treatment											
45373	Peer Family Support - Family Psycho-Education	10										10
32396	Supported Housing	16										16
	Core Subtotals:	991	16	16		34						1057
Mandated												
74XXX	Commitment Related (except 301)	614	7	11								632
46319	Iowa Medical and Classification Center (Oakdale)	3		1		1						5
75XXX	Mental health advocate	530	1	10								541
	Mandated Subtotals:	1147	8	22		1						1178
Core Plus												
	Comprehensive Facility and Community Based Treatment											
44313	Crisis Stabilization Residential Service (CSRS)	85	2									87
	Sub-Acute Services											
	Justice System Involved Services											
25XXX	Coordination services	293	4	1								298
46305	Mental Health Services in Jails	1										1
	Additional Core Evidence Based Treatment											
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	1										1
42366	Psychotherapeutic Treatment - Social Support Services	276	3	56		8						343
	Core Plus Subtotals:	656	9	57		8						730
Other Informational Services												
04372	Planning and/or Consultation Services (Client Related)	574	29									603
	Other Informational Services Subtotals:	574	29									603
Community Living Support Services												

	Support for Community Living											
	Service Coordination											
33345	Basic Needs - Ongoing Rent Subsidy	8										8
33399	Basic Needs - Other	1										1
33340	Basic Needs - Rent Payments	9	1									10
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	1										1
23376	Crisis Care Coordination - Coordination Services	264	14									278
41306	Physiological Treatment - Prescription Medicine/Vaccines	1										1
63XXX	RCF 1-5 beds	1										1
32399	Support Services - Other	1										1
	Community Living Support Services Subtotals:	286	15									301
Congregate Services												
64XXX	RCF-6 and over beds	18										18
	Congregate Services Subtotals:	18										18
Administration												
Uncategorized												
Regional Totals:		3672	77	95		43						3887

Unduplicated Count of Adults and Children by Diagnosis

- The chart below shows the unduplicated count of individuals funded by age group and diagnosis

Disability Group	Children	Adult	Unduplicated Total	DG
General Assistance/Substance primary	0	1	1	
Mental Illness	57	2267	2324	40
Mental Illness, Intellectual Disabilities	0	32	32	40, 42
Mental Illness, Other Developmental Disabilities	0	12	12	40, 43
Intellectual Disabilities	0	50	50	42
Intellectual Disabilities, Other Developmental Disabilities	0	1	1	42, 43
Other Developmental Disabilities	0	16	16	43
Total	57	2379	2436	99

Moneys Expended

Total Expenditures by Chart of Accounts Number and Disability Type

FY 2017 Actual GAAP	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
43301	Assessment & evaluation						-
42305	Mental health outpatient therapy	50,989.00	121.66				51,110.66
42306	Medication prescribing & management						-
71319	Mental health inpatient therapy-MHI	215,069.10					215,069.10
73319	Mental health inpatient therapy	125.00					125.00
	Basic Crisis Response						
32322	Personal emergency response system						-
44301	Crisis evaluation	470,001.99	3,439.91	2,201.09			475,642.99
44305	24 hour access to crisis response	89,919.91					89,919.91
	Support for Community Living						
32320	Home health aide						-
32325	Respite						-

32328	Home & vehicle modifications	40,857.13	11,142.87				52,000.00
32329	Supported community living	274,751.84	1,111.99	140,090.05			415,953.88
	Support for Employment						
50362	Prevocational services			743.25			743.25
50367	Day habilitation	154.00	1,537.62	55,939.04			57,630.66
50364	Job development						-
50368	Supported employment	11,714.87	9,033.44	24,395.90			45,144.21
50369	Group Supported employment-enclave			15,336.98			15,336.98
	Recovery Services						
45323	Family support						-
45366	Peer support	9,341.10					9,341.10
	Service Coordination						
21375	Case management		1,249.84	5,351.04			6,600.88
24376	Health homes	8,708.36					8,708.36
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	5,024.82					5,024.82
32396	Supported housing	14,174.03					14,174.03

42398	Assertive community treatment (ACT)						-
45373	Family psychoeducation	15,101.15					15,101.15
	Core Domains Total	1,205,932.30	27,637.33	244,057.35	-		1,477,626.98
Mandated Services							
46319	Oakdale	5,400.00	3,600.00				9,000.00
72319	State resource centers						-
74XXX	Commitment related (except 301)	229,764.36	5,346.29				235,110.65
75XXX	Mental health advocate	130,414.25	2,783.37				133,197.62
	Mandated Services Total	365,578.61	11,729.66	-	-		377,308.27
Additional Core Domains							
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	7,415.00					7,415.00
44366	Warm line						-
44307	Mobile response						-

44302	23 hour crisis observation & holding						-
44312	Crisis Stabilization community-based services						-
44313	Crisis Stabilization residential services	1,101,673.64					1,101,673.64
	Sub-Acute Services						
63309	Subacute services-1-5 beds						-
64309	Subacute services-6 and over beds						-
	Justice system-involved services						
46305	Mental health services in jails	124.38					124.38
25xxx	Coordination services	142,156.89	322.24				142,479.13
46422	Crisis prevention training	3,386.28					3,386.28
46425	Mental health court related costs						-
74301	Civil commitment prescreening evaluation						-
46399	Justice system-involved services-other						-
	Additional Core Evidenced based treatment						
42397	Psychiatric rehabilitation (IPR)	319.26					319.26

	Peer self-help drop-in centers						
42366		495,039.53	77,914.66	15,820.39			588,774.58
	Additional Core Domains Total						
		1,750,114.98	78,236.90	15,820.39	-		1,844,172.27
Other Informationa I Services							
03371	Information & referral						-
04372	Planning and/or Consultation (client related)	72,931.83					72,931.83
04377	Provider Incentive Payment						-
04429	Planning and Management Consultants (non-client related)	36,040.00					36,040.00
04399	Consultation Other						-
05373	Public education	42,540.80					42,540.80
	Other Informational Services Total	151,512.63	-	-	-		151,512.63
Other Community Living Support Services							
06399	Academic services						-
22XXX	Services management	156,178.40					156,178.40
23376	Crisis care coordination	40,804.10					40,804.10
23399	Crisis care						

	coordination other						-
24399	Health home other						-
31XXX	Transportation						-
32321	Chore services						-
32326	Guardian/conser vator						-
32327	Representative payee						-
32399	Other support	475.00					475.00
32335	CDAC						-
33330	Mobile meals						-
33340	Rent payments (time limited)	7,837.00					7,837.00
33345	Ongoing rent subsidy	4,465.87					4,465.87
33399	Other basic needs	37.97					37.97
41305	Physiological outpatient treatment						-
41306	Prescription meds						-
41307	In-home nursing						-
41308	Health supplies						-
41399	Other physiological treatment						-
42309	Partial hospitalization						-
42310	Transitional living program						-
42363	Day treatment						-

42396	Community support programs						-
42399	Other psychotherapeutic treatment						-
43399	Other non-crisis evaluation						-
44304	Emergency care						-
44399	Other crisis services						-
45399	Other family & peer support						-
50361	Vocational skills training						-
50365	Supported education						-
50399	Other vocational & day services						-
63XXX	RCF 1-5 beds	1,957.15					1,957.15
63XXX	ICF 1-5 beds						-
63329	SCL 1-5 beds	10,696.55					10,696.55
63399	Other 1-5 beds						-
	Other Comm Living Support Services Total	222,452.04	-	-	-		222,452.04
Other Congregate Services							
50360	Work services (work activity/sheltered work)						-
64XXX	RCF 6 and over beds	183,894.86					183,894.86
64XXX	ICF 6 and over beds						-

64329	SCL 6 and over beds						-
64399	Other 6 and over beds						-
	Other Congregate Services Total	183,894.86	-	-	-		183,894.86
Administration							
11XXX	Direct Administration					794,840.32	794,840.32
12XXX	Purchased Administration					59,320.68	59,320.68
	Administration Total					854,161.00	854,161.00
	Regional Totals	3,879,485.42	117,603.89	259,877.74	-	854,161.00	5,111,127.94
(45XX-XXX)County Provided Case Management							-
(46XX-XXX)County Provided Services						262,441.31	262,441.31
	Regional Grand Total						5,373,569

Revenue

FY 2017 Actuals	SEIL Region		
Revenues			
	Projected Fund Balance as of 6/30/16		\$13,050,914
	Local/Regional Funds		\$2,725,672
10XX	Property Tax Levied	2,505,551	
12XX	Other County Taxes	4287	
16XX	Utility Tax Replacement Excise Taxes	123777	
4XXX-5XXX	Charges for Services	49732	
60XX	Interest	2873	
6XXX	Use of Money & Property	-2	
25XX	Other Governmental Revenues	36465	
8XXX	Miscellaneous	2989	
92XX	Proceeds /Gen Fixed assests sales	0	
	Provider Loan Repayment		
	State Funds		\$259,065.00
21XX	State Tax Credits	194219	
22XX	Other State Replacement Credits	64846	
2250	MHDS Equalization	0	
24XX	State/Federal pass thru Revenue	0	
2644	MHDS Allowed Growth // State Gen. Funds	0	
2645	State Payment Program	0	
29XX	Payment in Lieu of taxes		
	Federal Funds		\$ -
2344	Social services block grant		
2345	Medicaid		
	Other		
	Total Revenues		\$2,984,737.00
	Total Funds Available for FY17	\$16,035,651	
	FY17 Accrual Regional Expenditures	\$5,373,569	
	Region's Accrual Fund Balance as of 6/30/17	\$10,662,082	

County Levies

County	2014 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY17 Max Levy	FY17 Actual Levy	Actual Levy Per Capita
Des Moines	40255	1913894	1751030	1,751,030	848031	21.06647621
Henry	20217	956096	846381	846,381	0	0
Jefferson	17325	794777	607300	607,300	607300	35.05339105
Keokuk	10231	488355	490075	488,355	143220	13.99863161
Lee	35286	1687045	2164720	1,687,045	705720	20
Louisa	11161	533413	601189	533,413	200000	17.91954126
Van Buren	7468	351574	314328	314,328	150000	20.08569898
Washington	22070	1040869	781141	781,141	172588	7.820027186
Region	164013	7766023	7556164	7008993	2826859	17.23557889

Outcomes

Service Progress by Core, Additional core, and EBPs

In regards to Core Services, SEIL is rarely the primary funding source because of Medicaid coverage for the majority of those services. Access to information/outcomes related to Medicaid covered services is extremely limited for the region. That being said, the SEIL region has attempted to ensure that core service providers have adequate capacity, (financial and resource support) to provide services within prescribed timeframes and to optimum quality of service. We find it our mission to facilitate a competent and skilled workforce in all behavioral health service areas. It is also a high priority of SEIL to ensure continuity of service delivery across pay sources without duplication or supplementation. Our provider network is appreciative of this priority and process.

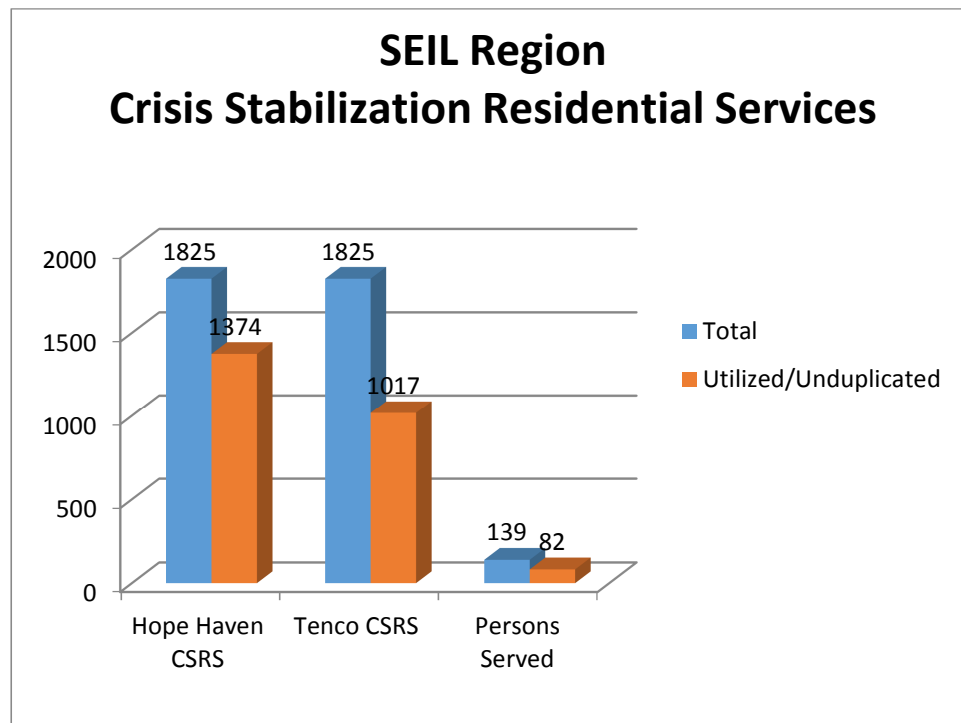
SEIL additional core services that were available in FY17 or under development were geared primarily toward population health, typically do not have well defined funding mechanisms, and are identified to be supportive of social determinant factors that strongly influence the outcome measures of traditional services-aka Core Services. Additionally, SEIL has forged partnerships at the local level that frequently interface with the MHDS population- i.e. hospitals, public health/home health/Community Health Centers/public transportation providers/housing authorities/judiciary/county attorneys/public defenders/emergency dispatch/first responders/ambulance providers/etc. These collaborative efforts can have a higher impact on early intervention and probability of success. Finally, the funding of the region is exclusively property tax dollars which is well fitted to locally based safety net services and infrastructure that ensures the health, safety, and well being of its citizens.

Evidence Based Practices have been analyzed for levels of investment and sustainability in the current financial/system climate of the Medicaid service array. SEIL has found it difficult to braid funding for services that can in part or whole be a Medicaid funded service. To that cause, SEIL has invested in Supported Employment as an EBP, Peer Support, Permanent Supported Housing, Wellness Recovery Action Plan(WRAP) and Illness Management and Recovery(IMR). Finally, plans are in the work and discussion of development of Integrated Treatment for Co-occurring Disorders as an EBP. Fiscal Year 2018 will continue the path of growth for the afore mentioned service array, given that there is still the commitment on the part of our local provider network partners and interest in investment on the part of the Managed Care Organizations.

Region Program Outcomes

The SEIL region maintains contracts with two Crisis Stabilization Residential Service (CSRS) programs with a total of 10 beds capacity. Both programs are structured the same to be a front end diversion from acute inpatient psychiatric hospitalization. The assessment for CSRS has been standardized at the core by several contracted clinical service agencies to determine a person's level of care need. This process ensures that individuals are served in the least restrictive environment possible to meet their need. Because this is an emergency service, open 24/7/365 the region budgets for the entirety of the cost and does not restrict access on an eligibility basis. Such management defers cost from individual insurance carriers of all forms and is the least intrusive form of support to an individual by keeping them close to their local community and natural resources/supports.

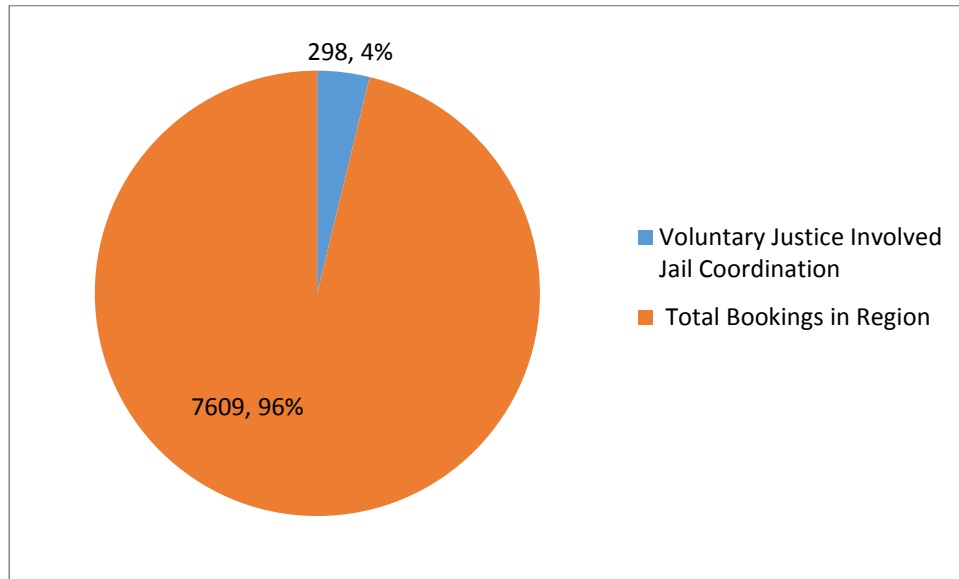
Data is being derived from these programs indicating not only census information and referral initiation, but also programmatic expectations to link individuals not already connected with local resources with community based options to meet their individual need i.e. IHH care coordination, psychiatry/therapy services, somatic care, housing, employment, transportation, insurance coverage options, Social Security benefit application, food assistance, etc.



- The projected deferred cost from inpatient Hospitalization based on Total Persons Served on an averaged 3 day inpatient acute psychiatric stay at our local inpatient unit at Great River Medical Center (\$1,360 per diem) is \$567,120. The equivalent cost of service in the CSRS programs (\$302 per diem) is \$125,934. A difference of \$441,186.

SEIL has also made a concerted effort to develop partnership with the 8 jail systems of the region and develop Intercept 3 diversion (post booking) in each of those jail systems. Identified Jail Coordinators ensure that individuals that are identified as having possible mental health complications at booking and/or who present with mental health symptomology while detained are connected for additional assessment with the care coordinators and asked to voluntarily participate in the service to connect each individual with needed service within the jail system and in transition to community based service array. Much like the CSRS programs, the coordinators connect program

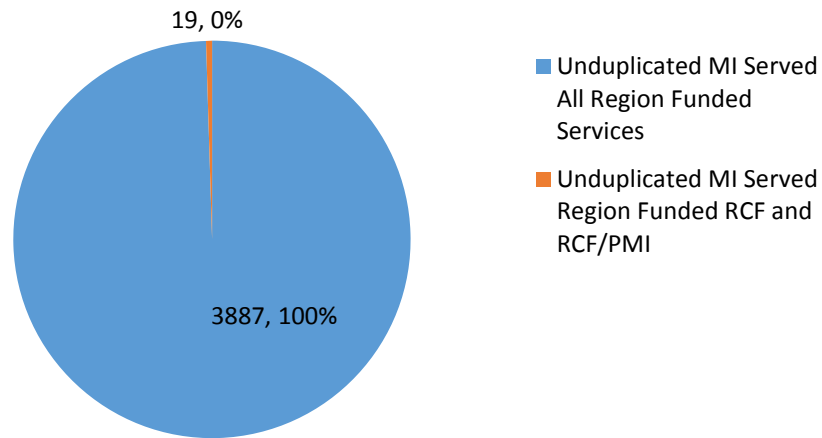
participants to services of need post detainment i.e. insurance coverage, psychiatry/therapy, IHH care coordination, Recovery/Peer drop in Centers, housing, food assistance, benefit acquisition and/or employment, supported community living services, etc. Though the two providers of the program have yet to acquire baseline data, efforts are in process to collect and analyze utilization rates, recidivism rates, and overall jail population percentages for individuals with behavioral health symptomology.



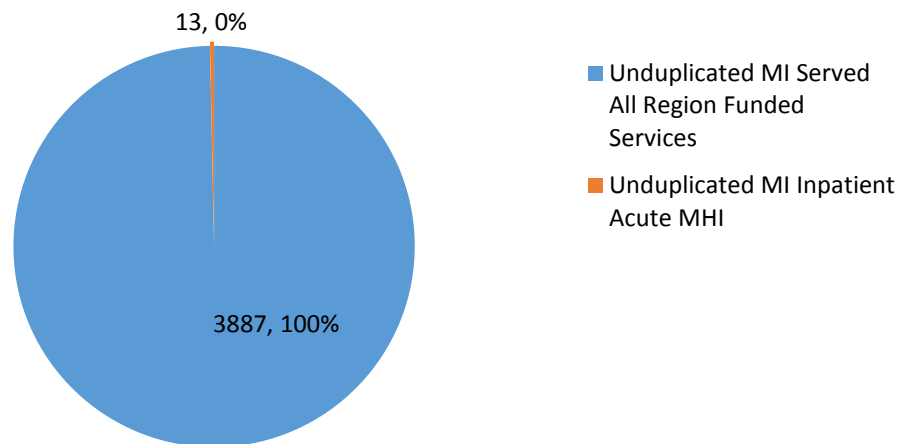
Note: The 8 jail systems of the SEIL region have a total annual max capacity of 117,530. The measures indicated only relate to in region bookings without consideration of alternate jail setting detainees or individual lengths of detainment. SEIL will identify in the future the number of individuals screened for mental health symptoms versus voluntary participants to identify utilization rates of the programs and draw comparison to national averages.

Finally, as in last year's reporting, SEIL has made effort to divert individuals away from MHI placements and find alternative services that will support their needs in a least restrictive environment. Below is the utilization of MHI as a component of the service array, as well as the utilization of an institutional level of care by the numbers. SEIL will strive to have a full spectrum of service array available to individuals in need, but with utmost attention to least restrictive placement to meet level of care need.

Unduplicated Community Based Institutional for MI Population



Unduplicated Inpatient Acute at MHIs



Intake and Referral

The SEIL region does not issue Block Grants for Service. However, there are certain services (encumbered contracted services) that are contingent on a capped, per capita, cost settled formulary retroactively cost divided per person served i.e. Drop In/Recovery Centers, Crisis Stabilization Residential Services, emergency/urgent care appointments, Jail Diversion, nurse coordination, crisis care coordination, 24 hour crisis line, and on-call crisis assessment access. In these situations every effort is given to braiding funds available for service in whole and part. For example, when an emergency/urgent care slot is utilized by someone that is insured, their insurance becomes primary payer and that cost saved is deferred from a region expense. There are elements of other services

identified that also have parts of service that are covered or in process of getting covered, such as the case of the CSRSs becoming accredited and anticipating modifiers to be created so that there will be certain billing components that are Medicaid reimbursable cost. It should be noted that these services defer cost away from Medicaid and institutional levels of care (hospitals, RCFs, Jails, prisons, etc.) and derives from a public safety net framework.

SEIL firmly believes that funding structures such as those defined above are extremely important to the necessary scope of service required in a full continuum service network. This work is focused on preventative and low impact measures (financial and trauma) to gain access to the service system, conducive to value based contracting strategy, will gleam data across the full population of our region for need of service regardless of funding source, and is proactive in establishing a no wrong doors/anti stigmatizing approach to mental health/behavioral health service. Integration of Behavioral Health services with all medical service as per the concept of Mental Health Parity is the objective of the SEIL region.

Service Coordination

The SEIL Management team is comprised of six(6) Coordinators of Disability Services(CDS) four(4) full time assistants, and two(2) part time assistants across the eight county region. The CDSs assume a management role within the region and facilitates the connection of individuals to purchased care coordination and services. It is SEILs objective to keep the Medicaid and region service array as seamless as possible and to not duplicate access to services in two different venues. The focus on unified/integrated care coordination is based in the philosophy of true integrated care, trauma informed care, non duplicative/efficient individual service delivery that is also cost effective. The regions service delivery system is enhanced because of this practice and information can be accessed more readily across all funding sources via this methodology.

Other Community Living Support Services

Permanent Supportive Housing, client participation/ rent subsidy, hourly/daily Supported Community Living, and programmatic transportation, are all additional levels of investment that facilitate individuals ability to live in the community of their choice successfully. Through SEIL service management , individuals that present to SEIL points of access are linked with additional services available either in the county or municipality service array or in the private arena in the persons community. Such linkages include Conservatorship/guardianships, Representative payee services, veteran's fiduciary services, General Assistance benefits, public transportation, home/rent subsidy services, home weatherization, utility assistance, food pantry/meal assistance, charitable donations for clothing and home goods, etc.

Statewide Outcomes (Quality Service Development & Assessment, QSDA)

SEIL has made strides to stay involved in QSDA and move the regions service system forward with our provider partners to improve the lives of those that we serve in the most integrated capacity optimal to meet their needs. In FY17, SEIL took its first steps in working towards fidelity. For the state's Outcome and Performance Measures workgroup, SEIL has remained engaged in the process to review the data collected and under Service Assessment for QSDA, SEIL has made efforts to look at Inputs, Outputs, and Outcomes.

Input measures identify the amount of resources needed to provide for a particular program or service. This shows the total cost of providing a service. If a provider is putting in some of their own resources, it would be included here. Input measures will show a dollar amount. For the SEIL Region, this will be the amount shown on the contract for the service being reported. The provider should also include the amount of any in-kind contribution.

Output measures Output measures represent the number of people served, or the number of products / services provided. Output measures will be numerical. For SEIL contracted services, this should be the number or people or units you are now reporting each month with your invoice.

Outcome measures address whether or not a program or services is meeting its proposed goals. Outcomes reflect the actual results achieved and the impact, and indicate the quality or efficiency of the service provided. Outcome measures are usually done in narrative form. Outcome measures assist the SEIL region and providers to be accountable for our programs and look at the quality of the services for effectiveness. Service effectiveness allows us to address quality improvement and the capacity of the program / service. We are tasked with striving to improve the quality of life of the people we serve in our region. We can determine what is working, what needs revised, and perhaps, if necessary, what should be eliminated.

For the SEIL Region, we have requested that our contracted providers (13) complete the 'SEIL Region Outcomes Measures' document. Providers know how much has been put into the service or program in terms of funding for input measure, and the number of people or units provided for output measure. The compilation of submitted information is provided to the SEIL Governing Board on a quarterly basis and is the foundation for baseline data related to the quality and efficiency of each SEIL contracted/funded program. This is on target with the statewide measures and will eventually be cumulated in the CSN provider portal related to social determinants on an individual and aggregate basis with a cross reference to individual participation in SEIL services.

Collaboration

SEIL participates in collaborative efforts with DHS at every opportunity. Venues for such interface, generally take the form of either CEO/DHS meetings or conversations with the Community Systems Consultants. There are times in which DHS representation sit on the same committees in various workgroups either as a governor appointed participant or as designated by DHS as the MHDS authority. SEIL is committed to the ongoing working relationship with the MHDS division and our collective efforts to best serve all Iowans. With that commitment in mind, SEIL also recognizes the importance of interfacing/understanding/collectively working with the Medical Assistance Program and MCOs. All effort has been given to stay abreast of information and happenings in those systems to best assist individuals at the local level. Additionally, SEIL has been very appreciative of the MCO involvement in local meetings/trainings as well as efforts on behalf of cases in common in which service delivery options are being investigated to most effectively assist individuals in their treatment need. Though efforts of braided funding have been delayed throughout FY17 for various reasons, SEIL remains optimistic that via system stability at some point in the future; those efforts will eventually come to fruition.

The SEIL region, since commencement, has a very active Change Agent group that meets on a monthly basis. Throughout FY17, SEIL has had a wide array of stakeholders participate in these meetings as well as in various meeting/training opportunities that the region has sponsored. The depth of collaborative efforts was eluded to under the outcomes section of this document, however; we would like to elaborate on those relationships in context of not only the region but also within the context of county employees with duties unrelated to MHDS(SEIL Management Plan) but are valuable to the efforts of the SEIL mission.

MHDS related collaborative efforts and partnerships include Law Enforcement (County Sheriff, Jail Administrators, Deputies, Municipality Police Department personnel, County Attorneys, magistrate and district court judges, and clerks of courts. These relationships transpire as they relate to jail diversion services, mental health commitments, civil holds, dispatch calls for mental health service, 24 Hour Crisis Line conversions to 911, etc. Partnerships have been created as it relates to the SEIL objective to fully integrate Behavioral Health service to the full array of Medical service. Through those efforts, connectedness has resulted between SEIL management and public health departments, home health,

community health centers, substance abuse providers, etc. Finally, collaborative efforts have been forged between or vicariously through SEIL contracted providers for services to the public at large but with increased access on behalf of persons with behavioral health and/or disability. Such services include public transport, housing, education, employment, acquisition of Disability benefits, etc.

The entirety of the SEIL designated staff (management and assistants) retained their county employment. In most situations, there are duties assigned that are not part of the SEIL assignment of duty but are to the benefit of the SEIL region. Advocate oversight, previous case management experience/administration, and previous management of Medicaid funds under the county system have contributed to the depth of knowledge that exists in the Region system of care. The tally of additional services and affiliations serve as peripheral assets to the SEIL service array. These include, but are not limited to: Payee Services, Guardianship Services, Conservatorship Services, General Assistance Services(County Ordinance Codification and Administration), capital assets and property management administration, Community Health Needs Assessment participation, county court administration services, county substance abuse treatment financial determinations, county HIPAA and privacy involvement, county safety trainings, wellness programs, emergency preparedness committees, juvenile detention financing, Drug Endangered Children (DEC) groups, Decategorization, Empowerment, AEA Transition services, Iowa Workforce Development board sub committees, Council of Governments workgroups, Salvation Army benefits coordination, interagency workgroups, and speaking engagements to increase public awareness of local government resources for county residents (Rotary, Elks, Lion's Club, Ministerial society, Women's Voting League, BPW, etc.)